

EMPLOYER BASED WELLNESS PROGRAM DISCOUNT APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 58436 (11-2008) Includes Funding Program Application Addendum SFN 58361

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657 (701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

Complete this application, front and back, answering every question as completely as possible, use an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

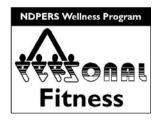
PART A EMPLOYER INFORMATION			
Agency/Subdivision Name		Dept. #	
Address	City/State	Zip	
Wellness Coordinator	<u> </u>	I	
E-Mail	Telephone number		
Number of active employees who are enrolled in the State of No	rth Dakota Health Insuran	ce Plan:	
Are you joining efforts with another NDPERS employer group? If yes, indicate the other employer group name and contact personal states of the contact personal states.	☐ YES on.	□ NO	
Estimated number of individuals participating in the Wellness Program (percentage of employees participating):			
PART B MANDATORY REQUIREMENTS			
Affirmative answers to the following questions are mandatory. Ple Wellness Concurrence form signed by top management? Wellness Coordinator assigned to agency/group? Someone from the agency/group to attend or view the NDPERS Well	, -	n box.	
Five (5) points are required to qualify for the wellness discount Communicate wellness materials provided by NDPERS/BCBS to in NDPERS smoking cessation program to employees. (1 Point) Complete a wellness activity/program (sees examples provided or	ndividual employees on a mo	nthly basis and promote the	
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SFN 58436 (11-2008)

Program 1 - Short-Term Wellness Activity: Continued.			
Does your program benefit the employees in your agency/group? Do you have an evaluation plan to measure the effectiveness of your program? Can employees continue participation after the initial program rollout? Will management be involved in the program?	YES	NO	
Program 2 - Short-Term Wellness Activity:			
Describe the wellness activity/program you plan on offering:			
Describe what methods you will use for promotion and motivation:			
	V=2		
Does your program benefit the employees in your agency/group? Do you have an evaluation plan to measure the effectiveness of your program? Can employees continue participation after the initial program rollout? Will management be involved in the program?	YES		
Program 3 - NDPERS Approved Comprehensive Wellness:			
Describe the wellness program you plan on offering:			
Describe what methods you will use for promotion and motivation:			
Does your program benefit the employees in your agency/group? Do you have an evaluation plan to measure the effectiveness of your program? Can employees continue participation after the initial program rollout? Will management be involved in the program?	YES		
PART E WELLNESS FUNDING INFORMATION			
Do you intend to request assistance from the Wellness Benefit Funding Program?	YES □	NO	
If yes, a Wellness Benefit Funding Program Application SFN 58361 must be completed and submitted with this application. SFN 58361 must include request for funds for all programs being proposed for wellness plan year.			
PART F WELLNESS COORDINATOR APPROVAL Wellness Coordinator Signature:	Date:		
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Return the application and SFN 58361 (if applicable) to NDPERS. Please retain a photocopy for your records.



I. WORKSITE INFORMATION

WELLNESS BENEFIT FUNDING PROGRAM APPLICATION FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 58361 (12-08) Addendum to SFN 58436 Employer Discount Application

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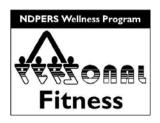
Thank you for your interest in the Wellness Benefit Program (WBP). This program offers benefits to help state agencies or political subdivisions provide work site health promotion activities to their employees. The Wellness Benefit Program is available to employer groups that participate in the NDPERS group health plan and participate in the Employer Based Wellness Discount Program. If an agency has more than one location, more than one program may be funded if the locations are geographically separate and if there is evidence of planning at each location. Two or more agencies/political subdivisions can submit a joint application.

Complete this application answering every question as completely as possible, using an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

Agency/Subdivision Name	Dept. #
II. PROGRAM & FUNDING INFORMATION	
The program funds wellness benefits for healthy lifestyle programs. This appronvenience. If you are requesting funding for the Fruits & Veggies- More M. mandatory requirement. It is voluntary for all other programs. However, it is	atters, the "We Want to Hear From You" survey is a
Funds are available for agency group programs and program related activitie for reimbursement:	s only. The following activities/services are not eligible
 Food items or services, bottled water or water dispensers Incentives, prizes or gift certificates Services for massages Individual memberships in diet programs, health, athletic or fitness Exercise equipment or health monitoring equipment Printing expenses Expenses for mailing or office supplies 	clubs
Employers should fund these items through other means available based on contribution to help offset these costs. In addition, funds cannot be used for case of a campus or school, for students.	
Applications are reviewed and benefits awarded by the Wellness Committee will be notified of the committee's decision.	within 60 days of receipt by the NDPERS office. You
1. Describe how you identified/assessed the employees' need or interest for documentation (i.e. meeting minutes, agency mission statement, policy or go statistics, lifestyle habits, etc.)	
2. Did you conduct an employee interest survey? (The "We Want to Hear F Fruits & Veggies- More Matters.)	rom You" survey is required if funding request is for the
If yes, how many surveys did you distribute? House copy of survey instrument)	How many surveys were returned?
If yes, Check type of survey ☐ Paper ☐ E-mail ☐ Vote	

3. Detail the program expenses by listing the supplies and/or services and estimated cost for each (use pre if applicable). Provide copies substantiating program expenses, if available:	vious year's information,
Total Estimated Expense: \$ Estimated # expected to participate in the program?	
Estimated Cost Per Participant: \$ (divide total expense by estimated # of participants)	
Funding is being requested for the following programs detailed on the Employer Based Wellness Program D (check all that apply): Program 1 Program 2 Program 3	Discount Application
What is the expected duration of the program? (check one) Days Weeks Meeks	onths
4. Will you as the employer contribute to the cost of the program?	☐ Yes ☐ No
If yes, describe your contribution to the program: \$ or%	
5. Will participants be required to contribute to the cost of the program? If yes, list participant contribution \$ or%	☐ Yes ☐ No
6. Have you sponsored other wellness programs? If yes, describe the program(s).	☐ Yes ☐ No
ii yes, describe the program(s).	
III. AGENCY AUTHORIZATION	
III. AGENOT AGTHORIZATION	
Signature Date	
Agency's Designated Wellness Coordinator's Signature	

If applying for funding, this application must be submitted to NDPERS with the Employer Based Wellness Program Discount Application



"We Want to Hear From You" Interest Survey

If you are requesting funding for the Fruits & Veggies- More Matters, this survey must be distributed and the completed copies must be submitted to NDPERS with this application. This survey is voluntary for all other program proposals.

Employer Name:			
Description of Program:			
Survey:			
To assist us in learning your interest in this program, please answer the following question	ns:		
1. Are you interested in participating in this program? Yes No			
2. What would motivate you to participate in a worksite wellness program?			
 □ Participation during work time □ If I felt it was of personal benefit to my health □ Financial incentives (Reduction of insurance premiums, discounts, extra days off etc.) □ Prizes, gifts certificates □ Convenient location □ Nothing would motivate me to participate in a wellness program at work □ Other: 			
 Would you be willing to pay a registration fee to help fund the program and pay for incentive prizes? Yes ☐ No ☐ 			
4. If yes, what dollar amount would you be willing to contribute?			
\$1-10			
Return this survey to:	Due by:		